

Feline Adoption Application



The Animal Service League, Inc.
10 Dubelbeiss Lane, Rochester, NY 14622
(585) 342-6099 / Web: www.animalserviceleagueny.org
Email: animalserviceleague@hotmail.com

Date of application: _____ Cat applying for: _____

Applicant Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____
Cell #: _____ Email: _____

Do you own or rent your home? _____

***If you rent your home, an ASL representative will need verbal approval from your landlord.
Renters, please complete the following:***

Landlord Information

Name: _____ Phone: _____

Household and Lifestyle Information

Please describe your current residence (single home, townhouse, duplex, apartment, etc.):

How long have you lived at your current residence? _____

Number of adults living at home: _____ Number of children living at home: _____

Please provide the ages of all the children living in the home: _____

Does anyone in your household have any known or suspected allergies? Yes No

If yes, please explain who and the nature of the allergy: _____

Where will your cat live?

- Indoors only
- Indoors and outdoors
- Outdoors only

Will you declaw your cat? Yes No

Approximately how many hours will the cat be left alone each day? _____

Where will the cat stay during that time? _____

Do you travel often? Yes No (If yes, explain what you will do with the cat while you are away.)

Will your cat be allowed on the furniture? Yes No

What behavior do you consider unacceptable for your cat? _____

What would cause you to return this cat? _____

Our contract requires that you provide routine vaccinations and veterinary care for this cat. Is this something you will agree to? Yes No

Information about Current and Prior Pet Ownership

Please list any pets you currently own:

Name	Type of pet	Gender	Altered (y/n)	Vaccinated (y/n)	Age

If you currently have any cats, do any of them go outdoors? Yes No

Please list any pets you have owned in the past:

Name	Type of pet	Gender	What happened to the pet?	Years owned

Do you currently have a veterinarian or have one you used in the past? Yes No

If yes, please provide the following information:

Name of veterinarian or animal hospital: _____

Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Names of pets on record with the vet: _____

ASL will contact your veterinarian/animal hospital for a vet reference and to verify that your current pets are vaccinated and altered. Please contact your vet and authorize them to speak to an ASL representative.

Will you allow a representative from ASL to do a home visit? Yes No

How did you hear about ASL? _____

I verify that all information provided on this application is true and accurate to the best of my knowledge.

Signature of applicant

Date